e surgical pathologist and cytologist as a consultant
ld expect him to be conversant with the clinical
ons of his diagnoses, to have a clear understanding
ician's needs, and to be able to assist in planning the
to diagnosis and therapy. He should be aware that
is a specialized field of pathology and that not all
y training programs adequately teach this sub-
. In a recent survey, Ng[11] reported that
ately 80 percent of the pathology residency
s in the United States failed to provide adequate
in cytology. The clinician should be aware of the
nd and interests of the pathologist actually supervis-
boratory he is using.

guides are more difficult to delineate but have briefly
tlined by the Canadian Task Force on Cervical
Screening[2] among others. The cytotechnologists
have adequate training, should be licensed by an
le authority, and should have access to continuing
education. Experience is as important in cytology as
fields, and there should be a reasonable number of
experienced technologists in the laboratory.

difference in therapeutic approach. Histological diagnoses are a shorthand which is used by the pathologist to communicate with the clinician, and each diagnosis infers a statement of natural history and approach to management. If there are only three therapeutic approaches to a disease and there are five different possible diagnoses, then there is redundancy of two diagnoses with which the clinician has difficulty in dealing because the nonconcordance leads to confusion in management approach. As it is now generally agreed that the precursors form a continuum and that the management of the precursors should be based principally on the size and the distribution of the lesion rather than its histological grade, the term cervical intraepithelial neoplasia more accurately reflects the modern approach to management than do the old terms, dysplasia and carcinoma in situ. Although the recurrence rate is no higher in patients treated for lesions at the upper end of the continuum rather than the lower, it is evident that if the lesion is left undisturbed, the risk of invasion is higher at the upper end of the spectrum than the lower. Although this difference is real if the lesion is not

An old folks party at Bishop
Robt Duke's home, abt 1896
grandma Muir on front row.